# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

**SERIAL NO.**

**FILING DATE**

**APPLICANT(S)**

10/009008

| CLAIMS | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | | 51 | | | | | | |
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| 50 | | | | | | | | 100 | | | | | | |
| TOTAL | | | | 2 | | | | TOTAL IND. | | | | | | |
| TOTAL | | | 19 | | | | | TOTAL DEP. | | | | | | |

3-1268 (5-78)